



AT/ 2623  
LH/A

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : 2623  
Examiner : Mehrdad Dastouri  
Serial No. : 09/976,945  
Filed : October 12, 2001  
Inventor : Pascal Pineau  
Title : MEDICAL IMAGING SYSTEM

Customer No.: 35811

Docket No.: 1296-01

Confirmation No.: 1749

Dated: November 17, 2004

**Mail Stop Amendment**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**Certificate of Mailing Under 37 CFR 1.8**

For

Postcard

Amendment Transmittal Letter, in duplicate  
Amendment

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to **Mail Stop** Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date appearing below.

Name of Applicant, Assignee, Applicant's Attorney  
or Registered Representative:

Piper Rudnick LLP  
Customer No. 035811

By: PR

Date: 17 Nov 2004



In re Application of Pascal Pineau

Serial No.: 09/976,945

Filed: October 12, 2001

For: MEDICAL IMAGING SYSTEM

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Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

\_\_\_ Small entity status of this application under 37 CFR §1.9 and §1.27 has been established.

\_\_\_ A verified statement to establish small entity status under 37 CFR §1.9 and §1.27 is enclosed.

x No additional fee is required.

The fee has been calculated as shown below:

(Col. 1) (Col. 2) (Col. 3)

SMALL ENTITY

OTHER THAN  
SMALL ENTITY

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PRE- VIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	* 7	-	** 20=	0
INDEP.	* 1	-	** 3=	0
___ First presentation of multiple dependent claim				

RATE	ADD'L FEE
x 9=	\$
x44=	\$
+150=	\$

OR

RATE	ADD'L FEE
x18=	\$
x88=	\$
+300=	\$

TOTAL ADDITIONAL FEE \$ \_\_\_\_\_ OR \$ \_\_\_\_\_

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.


\_\_\_ Please charge my Deposit Account No. 50-2719 in the amount of \$ \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.

\_\_\_ A check in the amount of \$\_\_\_\_\_ is attached.

x The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2719. A duplicate copy of this sheet is enclosed.

x Any filing fees under 37 CFR §1.16 for the presentation of extra claims.

x Any patent application processing fees under 37 CFR §1.17 with the exception of the Issue Fee which we intend to pay by check.

  
T. Daniel Christenbury  
Reg. No. 31,750  
Attorney for Applicant

TDC:lh  
(215)656-3381



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**AMENDMENT**

**Mail Stop Amendment**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed March 18, 2004 please consider the following  
remarks and amendments.